

Elk Grove Community Services District Department of Parks and Recreation 8820 Elk Grove Blvd., Ste. #3, Elk Grove, CA 95624 Phone (916) 685-3917 • Fax (916)685-6942

Class Proposal

Class Title:			_ Level:	Beg	Int	Adv.
Instructor:	Day Phone:					
Class description: (Limit three to five						
Participant Ages:		cipants: Maxim		Minimu	.m	
Class Scheduling						
Twice	a week for (1 2 3 a week for (1 2 3 a week for (1 2	3 4 5 6 7 8	9 10 11 1	2) weeks		
2. Length of class (hours):						
3. Day(s) of class: (Please number)	ber your choices	1-3; #1 being yo	our first cho	ice)		
SunMon	Tues	Wed	Thurs	Fr	i	_Sat
4. Prefered time:a.m./p	o.m. to	a.m./p.m.				
5. Would like to begin offering cla		Winter/Spring(J Summer(June- Fall (Septembe	August)			

Facility Requirements (chairs, tables, desks, chalkboard, running water, electrical outlets, etc)					
Special Instructions Special Instructions for participants (what to bring, what to wear, etc)					
Can supplies/uniforms be purchased from instructor? yes no If not, where can they be purchased?					
Estimated cost for books, supplies, uniforms, photographs, etc \$/student If class is intermediate or advanced level, what experience is needed to participate?	_				
Class Fee The percentage split is 65% of registration fees to Contractor and 35% to the Department. If you don't already have a class fee structure designed, please list the amount you expect to make per hour:	_				

Please return to:
Kelly Crowder

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